UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attomey Docket No.	03500.013747.1	96	
First Name	d Inventor or Application Identifier	0.9 ₹7.8	
KENICHIRO ONO		8 //8	
Express Ma I Label No.		101	

APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents.  ADDRESS TO:  Commissioner for Patents P.O. Box 1450 Alexandris, VA 22313-1450  1.	Conny nor n	new nonprovisional applications unde		Express Ma	a I Label No.		104
Submit an original, and a duplicate for fee processing)			. ADD	RESS TO:	Commissi P.O. Box	ioner for Patents 1450	
See 37 CFR 1.27.  3. X Specification  Total Pages  Total	1711		rocessing)	7.			e, large table or Computer
b. Specification Sequence Listing on:  iCD-ROM or CD-R (2 copies); or  iipaper  cStatements verifying Identity of above copies  aNewly executed (original or copy)  aNewly executed (original or copy)  bX Copy from a prior application (37 CFR 1.63(d))  for confinuation/divisional with Box 17 completed)  iDELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) remain in the prior application, see 37 CFR 1.33(d)(2) and 1.33(b).  73 CFR 3.73(b) Statement (IDS)PTO-1449  11English Translation Document (if applicable)  12X Information Disclosure  Statement (IDS)PTO-1449Copies of IDS Statement (IDS)PTO-1449Copies of IDS (Statement (IDS)PTO-1449Copies of IDS (Statement (IDS)PTO-1449Copies of IDS (Should be specifically itemized)  14X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15Certified Copy of Priority Document(s) (if foreign priority is claimed)  16Other:  17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  Examiner Chamel DasCopies of the prior application information:  Examiner Chamel DasCopies of the prior application and is hereby incorporated by reference. The incorporation can golly be relief upon when a portion has been inadvertently omitted from the submitted application parts.  18CRESPONDENCE ADDRESS  OSSIAL  Address  City				8.			Sequence Submission
4. X Drawing(s) (35 USC 113) Total Sheets 12	3. X S	pecification Total Pa	ages 47		a (	Computer Readable	e Form (CRF)
S. X Oath or Declaration Total Pages   ii.   paper    a.   Newly executed (original or copy)   c.   Statements verifying identity of ablove copies    b.   X Copy from a prior application (37 CFR 1.63(d))   (for continuation/divisional with Box 17 completed)    i.   DELETION OF INVENTOR(S)   Signed Statement attached deleting inventor(s) named in the prior application, see   37 CFR 1.63(d)(2) and 1.33(b).    6.   X Application Data Sheet. See 37 CFR 1.76   Statement (IDS)/PTO-1449   Citations    7.   Certified Copy of Priority Document (if applicable)    12.   X Internation Disclosure   Copies of IDS    13.   X Prellminary Amendment    14.   X (Should be specifically itemized)    15.   Certified Copy of Priority Document(s)    16.   Other:    17.   If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:    17.   If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:    18.   Other:    19.   Assignment Papers (cover sheet & document(s))    10.   37 CFR 3.73(b) Statement (If applicable)    11.   English Translation Document (if applicable)    12.   X Internation Disclosure   Copies of IDS    13.   X Prellminary Amendment    14.   X (Should be specifically itemized)    15.   Certified Copy of Priority Document(s)    16.   Other:    17.   If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:    18.   Other:    19.   Assignment Papers (cover sheet & document (if applicable)    19.   Assignment Papers (cover sheet & document (if applicable)    10.   37 CFR 3.73(b) Statement (IDS)/PTO-1449   Citations    11.   English Translation Document (if applicable)    12.   X Internation Disclosure   Copies of IDS    13.   X Prellminary Amendment    14.   X (Should be specifically itemized)    15.   (Internation Disclosure Receip Postard (INPEP 503)    16.   Other:    17.   If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:    18.   Other:    19.   Other:    19.   Other:    10.   Other:    10	4. X Di	rawing(s) (35 USC 113) Total Sh	neets 12				_
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Assignment Papers (cover sheet & document(s))  i. DELETION OF INVENTOR(s) Signed Statement attached deleting inventor(s) amend in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  ii. DELETION OF INVENTOR(s) Signed Statement attached deleting inventor(s) amend in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  III. English Translation Document (if applicable) III. English T			. (07.0ED 4.00(4))		ACCOM	IPANYING APPLIC	CATION PARTS
Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.83(d)(2) and 1.33(b).  6. X Application Data Sheet. See 37 CFR 1.76  12. X Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Statement (IDS)/PTO-1449 Citations  Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Other:  17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  Continuation	D.			9.	Assignment	Papers (cover sheet	& document(s))
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  11.				10.			Power of Attorney
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13. X Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically Itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  Other:  Continuation X Divisional Continuation-in-part (CIP) of prior application No. 09/379,731 filed 8/24/99  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS  OS514  X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below  NAME  Address  City State Zip Code	6. X A	pplication Data Sheet. See 37 CFR	1.76	12. X			· ·
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:    Continuation				13. X	Preliminary	Amendment	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  Continuation  Continuation  Examiner Chameli Das  Goup/Art Unit: 2122  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS  O5514  X Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  Or  Correspondence address below  NAME  Address  City  State  Zip Code				14. X			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  Continuation X Divisional Examiner Chameli Das Goup/Art Unit: 2122  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS  X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)  NAME  Address  City State Zip Code			٠	15.			ument(s)
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Table 18. CORRESPONDENCE ADDRESS  O5514  (Insert Customer No. or Attach bar code label here)  NAME  Address  City  State  Zip Code	considered a	part of the disclosure of the accompanying	ng continuation or divis	ional application a	and is hereby inco		
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below  NAME  Address  City State Zip Code		,		•			
Address  City State Zip Code	05514						
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	Address						
	City		State			Zin Code	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
·	TOTAL CLAIMS (37 CFR 1.16(c))	6-20 =	0	X \$ 18.00 =	\$0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =	0	X \$ 86.00 =	\$0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$290.00 =		\$290.00 =	\$0	
				BASIC FEE (37 CFR 1.16(a))	
	·		Total of	above Calculations =	\$770.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9, 1	.27, 1.28).	0
			770	TOTAL =	\$770.00
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Leonard P. Diana (Reg. No. 29,296)	
SIGNATURE	Honal P. Jan	
DATE	February 26, 2004	

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